

Diabetes is a chronic illness that leaves the body unable to produce or properly use insulin to maintain healthy blood glucose levels. The two most common forms of the disease that affect our citizens are Type 1 and Type 2 diabetes. Type 1 diabetes, once known as juvenile diabetes, is usually diagnosed in children and young adults who are unable to produce insulin and require daily medication. Type 2 diabetes, the most common form of the disease, is often attributed to lifestyle risk factors and can be controlled by a modified diet, regular physical activity, and medication. Americans can take steps to control the disease and lower the risk of complications such as heart disease, stroke, and kidney disease by maintaining healthy eating and exercise habits, and consulting with a doctor about diabetes testing.

My Administration is committed to providing better care for people living with diabetes and furthering efforts to find a cure. We have supported research initiatives and education programs that encourage healthy living, and we have also modified Medicare coverage to include diabetes screenings. This year, the National Institutes of Health estimates that more than \$1 billion will be spent on diabetes research. By working together, we can help identify problems early, manage them before they grow worse, and help ensure more Americans live longer, healthier lives.

Throughout National Diabetes Month, we recognize the medical professionals, scientists, researchers, and all those whose efforts have made a positive difference in the fight against diabetes. By raising public awareness, we can help combat the effects of diabetes in our society and bring hope to children and families living with this disease.

Now, therefore, I, George W. Bush, President of the United States of America, by virtue of the authority vested in me by the Constitution and laws of the United States, do hereby proclaim November 2007 as National Diabetes Month. I call upon all Americans to learn more about the risk factors and symptoms associated with diabetes and to observe this month with appropriate programs and activities.

In witness whereof, I have hereunto set my hand this thirty-first day of October, in the year of our Lord two thousand seven, and of the Independence of the United States of America the two hundred and thirty-second.

SUPPORTING THE GOALS AND IDEALS OF CHILDREN'S HEALTH MONTH

SPEECH OF

HON. DAVID G. REICHERT

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Tuesday, November 13, 2007

Mr. REICHERT. Mr. Speaker, I rise in strong support of House Resolution 760, which recognizes October as Children's Health Month and supports the goals and ideals of this annual designation.

I was proud to introduce this resolution with Representative KATHY CASTOR. As cochairmen of the Congressional Children's Health Care Caucus, we are committed to building bipartisan support for efforts to facilitate access to care for the uninsured, seek cures for debilitating diseases and chronic conditions, and promote preventive health and wellness measures for America's children.

This resolution recognizes the importance of raising awareness of children's health needs

and commends the health care professionals who provide for them. It also reaffirms our Nation's commitment to improving children's health and encourages State officials, non-profit organizations and businesses to join the House in supporting these objectives.

I am grateful for the enthusiastic backing this resolution enjoys from more than 100 Members spanning both sides of the aisle, and I urge all of my colleagues to support its passage.

PERSONAL EXPLANATION

HON. FRANK R. WOLF

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 14, 2007

Mr. WOLF. Madam Speaker, yesterday I was on an official leave of absence for a medical appointment. Had I been present and voting, I would have voted "yea" on rollcall No. 1082, H.R. 3315, which I cosponsored, to provide that the great hall of the Capitol Visitor Center be known as Emancipation Hall; "yea" on rollcall No. 1083, H.R. 1593, which I cosponsored, the Second Chance Act; "yea" on rollcall No. 1084, H.R. 3403, the 911 Modernization and Public Safety Act, and "yea" on rollcall No. 1085, H.R. 3461, Safeguarding America's Families by Enhancing and Reorganizing New and Efficient Technologies Act.

PERSONAL EXPLANATION

HON. NITA M. LOWEY

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 14, 2007

Mrs. LOWEY. Madam Speaker, I regrettably missed Rollcall vote No. 1085 (H.R. 3461) and Rollcall vote No. 1084 (H.R. 3403). Had I been present, I would have voted in the following manner: Rollcall No. 1085: "yes," Rollcall No. 1084: "yes."

DANDY-WALKER SYNDROME AND HYDROCEPHALUS

HON. CHRIS VAN HOLLEN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, November 14, 2007

Mr. VAN HOLLEN. Madam Speaker, I rise in support of H. Con. Res. 163, expressing the sense of the Congress in support of further research and activities to increase public awareness, professional education, diagnosis, and treatment of Dandy-Walker Syndrome and hydrocephalus.

In 2005 while awaiting the birth of their first child Ryan, Andrea and Eric Cole of Kensington, Maryland learned that he would be born with a rare birth defect called Dandy-Walker Syndrome and a condition called hydrocephalus. Ryan was born on May 3, 2005, 3 months premature and weighing 1 pound 15 ounces, at George Washington University Hospital in Washington, D.C. He would spend a total of 156 days in the hospital during his first year of life.

Today, the Cole family leads the fight against Dandy-Walker Syndrome and is the in-

spiration behind my efforts against this terrible birth defect. On learning that no national organization existed to advocate on behalf of individuals with Dandy-Walker Syndrome, Eric and Andrea took the necessary steps to found the only national non-profit organization for Dandy-Walker Syndrome, and located it in Maryland's Eighth Congressional District, which I represent. Today, the Dandy-Walker Alliance remains the only non-profit organization committed to educational and informational activities, programs and publications and supporting non-partisan research and events to increase public awareness of Dandy-Walker Syndrome. The Dandy-Walker Alliance supports all efforts to determine the cause(s) of, to find the cure for and to ameliorate the effects of Dandy-Walker Syndrome.

Dandy-Walker Syndrome is a congenital malformation of the cerebellum that can cause developmental delay, is frequently associated with hydrocephalus that can lead to an enlarged head circumference, and can cause neurological damage possibly leading to death. The Centers for Disease Control and Prevention reports that Dandy-Walker Syndrome may affect as many as 1 in 5,000 live born infants of which approximately 70 to 90 percent will develop hydrocephalus. Treatment for individuals with Dandy-Walker generally consists of treating the associated problems rather than the syndrome itself. Hydrocephalus is treated today the same way that it was in 1952, by inserting a shunt into the brain to drain off excess fluid.

In addition to what the Coles are doing with the Dandy-Walker Alliance, a filmmaker from Colorado with a nephew affected by Dandy-Walker is completing the first-ever documentary on Dandy-Walker Syndrome called "Dandy Kids," which will premiere in January 2008. A couple in Florida was also inspired to film a commercial with their three-year-old son affected by Dandy-Walker and hydrocephalus to help promote the need for blood donations since the brain surgeries to treat his hydrocephalus often require transfusions.

Dandy-Walker Syndrome involves many complex issues. That is why the Director of the National Institutes of Health should continue the current collaboration, with respect to Dandy-Walker Syndrome, among the National Human Genome Research Institute, the National Institute of Biomedical Imaging and Bioengineering, the National Institute of Child Health and Human Development, the National Institute of Neurological Disorders and Stroke and the Office of Rare Diseases.

Further research into the epidemiology, diagnosis, pathophysiology, disease burden, and improved treatment of Dandy-Walker Syndrome should be conducted and supported. The National Institutes of Health should take the lead in sponsoring an annual workshop to increase awareness and set national research priorities for Dandy-Walker Syndrome and hydrocephalus.

The Centers for Disease Control and Prevention should also form a coordinating committee for Dandy-Walker Syndrome and hydrocephalus research, which would annually report to the public its findings on the progress in the epidemiology, pathophysiology, disease burden, treatment improvements, diagnoses, and awareness for Dandy-Walker Syndrome and hydrocephalus.

Finally, public awareness and professional education regarding Dandy-Walker research